



## **DIESEL EMISSION INSPECTION PROGRAM**

Thank you for your expression of interest regarding the State of New Jersey Diesel Emission Inspection Program and the requirements for licensure as a New Jersey Diesel Emission Inspection Center.

In order to initiate the licensing process, we are providing an overview of the program and the general requirements for licensure. This overview includes a brief history of the program and a Business License Application Package. Please note on the application that a check-off feature exists to denote interest as a Diesel Emission Inspection Center or a Fleet Diesel/Emission Inspection Center.

Please follow all instructions carefully. Should you have any questions concerning the licensing requirements and/or the program, please do not hesitate to contact:

**NJ MOTOR VEHICLE COMMISSION  
DIESEL EMISSION INSPECTION CENTER LICENSING  
UNIT P.O. BOX 170  
TRENTON, NJ 08666  
(609) 777 -1694**



**BUSINESS LICENSE SERVICES  
DIESEL EMISSION INSPECTION CENTER LICENSING UNIT  
P.O. BOX 170 TRENTON, NJ 08666-0170**

**DIESEL EMISSION INSPECTION CENTER LICENSE INFORMATION**

**GENERAL**

The Division of Motor Vehicles and the Department of Environmental Protection have established a Diesel Emission Testing program for heavy-duty diesel trucks, diesel buses and certain other diesel powered vehicles. The annual testing program will be conducted at licensed diesel emission testing centers. Diesel emission testing centers are licensed to conduct emission inspections and certifications for heavy-duty diesel trucks, diesel buses and diesel powered motor vehicles and have the option to register with the division as diesel emission repair facilities. A Diesel Emission Inspection Center (DEIC) license authorizes the center to conduct inspections and certifications in all diesel emission categories as required by State standards and to certify a vehicle for approval or rejection.

A Diesel Emission Inspection Center in the first year of the program will be authorized to make repairs or correct emission control defects. Upon renewal of the initial DEIC License, an inspection facility would be required to register as an Emission Repair Facility (ERF) and pay a biennial registration fee of \$50.00 to continue to qualify as an Emission Repair Facility.

Two (2) Diesel Emission Inspection Center Licenses are available. The first license is issued to diesel emission inspection centers to provide annual inspection certifications, and repair services (if registered), for heavy-duty diesel trucks (18000 lbs) diesel buses, and diesel powered vehicles with a gross vehicle weight rating exceeding 8500 lbs.

The second type is a Fleet Diesel Emission Inspection Center License. This license is issued to owners or lessees of fleets of 25 or more heavy-duty diesel trucks, diesel buses, and diesel powered vehicles to perform annual inspection certifications and repairs of such vehicles (if registered). An applicant must have the facilities, equipment and experience required of a regular Diesel Emission Inspection Center.

The fleet license will allow the licensee to contract with other fleet owners or licensees to perform their annual inspections, certifications and repairs (if registered) but the licensee has the responsibility for insuring that all repair services contracted for are performed at state registered facilities and meet all state standards. The license does not permit fleet owners to perform these services for the general public.

A Diesel Emission Inspection Center may conduct business as a test only or a test and repair facility. All diesel emission test and repair facilities must meet all facility equipment and employee training and experience requirements denoted under applicant requirements. All applicants wishing to register as an Emission Repair Facility will be required to pay an additional \$50.00 biennial registration fee which will be required upon renewal or one year after initial application.

Included in this package are the regulations governing Diesel Emission Inspection Center Licensing. Please review the regulations as you prepare your license application. If you have questions, the following individuals will assist you:

For License Application Information, please contact Yvonne Dawkins, Motor Vehicle Services, at 609-777-1694.

For Technical Program Information, please contact Mike Klevin, Motor Vehicle Services, at 609-633-9472.

For Equipment Information, please contact Tony Iavarone, Department of Environmental Protection at 609-530-4064.



## **CHECKLIST OF ITEMS FOR DIESEL LICENSING**

1. Corpcode number (this number is assigned to businesses when they register their vehicles. Please check your vehicle registration-15 digit number.)
2. Initial Application
3. Supplementary Application
4. Child Support Certification
5. List of diesel inspectors and/or certification
6. License fee \$250.00
7. License Certification Form
8. Copy of corporate papers (if applicable)
9. Original Certificate of Insurance
10. Color photo of each officer, owner, or partner
11. Fingerprint receipt from Sagem Morpho Inc.
12. Copy of equipment lease/purchase
13. Copy of Certificates listed below:
  - A. NJ Sales Tax Identification
  - B. NJ Unemployment Registration
  - C. Federal Employer Identification

**APPLICATION FOR LICENSE****FOR OFFICE USE ONLY**

License No. \_\_\_\_\_

Date \_\_\_\_\_

Reg. No. \_\_\_\_\_

Approved by \_\_\_\_\_

The undersigned hereby applies for the license(s) checked in Part 3 and submits the following certified statement:

Corp Code \_\_\_\_\_

1. \_\_\_\_\_

Name of Business (if corporation, corporate name)

Business phone \_\_\_\_\_

2. Please Check:

☐ Corporation ☐ Partnership ☐ Proprietorship☐ Other \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

County \_\_\_\_\_

All applicants please provide the following information and attach copies of proof thereof:

A. NJ Sales Tax Identification Number \_\_\_\_\_

B. NJ Unemployment Registration Number \_\_\_\_\_

C. Federal Employer Identification Number \_\_\_\_\_

3. Please Check appropriate Box for License:

☐ Leasing Company☐ Driving School☐ Moped Dealer☐ Junkyard☐ Private Inspection Facility☐ Fleet DEIC☐ New & Used Motor Vehicle Dealer☐ Auto Body Repair Facility☐ Used Motor Vehicle Dealer☐ Fleet Inspection Facility☐ DEIC

4. Complete the following for proprietor, partners, or corporate officers:

Name

Title

☐ Other \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

5. Have the owners, partners, or officers ever been arrested, charged or convicted of a criminal or disorderly persons offense in this or any other state?

☐ Yes if yes, explain:☐ No

6. Do you knowingly intend to employ a person who has been convicted of the above, or any other crime or who was previously licensed as any of the above in this or any other state and was subject to license suspension or revocation?

☐ Yes \_\_\_\_\_☐ No Give name and address of person \_\_\_\_\_

7. Have the owners, partners or corporate officers ever held any of the above licenses?

☐ Yes☐ No If yes, please explain the type of license and license numbers \_\_\_\_\_

8. Was the license ever suspended or revoked?
- If yes, explain:
- ☐ Yes
- ☐ No
9. Have the owners, partners or corporate officers, agents or employees of your organization ever used an alias or been known by any other name
- If yes, explain:
- ☐ Yes
- ☐ No
10. Does any stockholder own more than 10% of the corporation's stock?
- If yes, give name, address and holding
- ☐ Yes
- ☐ No

11. \_\_\_\_\_

Place of Incorporation

\_\_\_\_\_

Date of Incorporation

\_\_\_\_\_

Date of authorization to do business in New Jersey

Attach copy of the Certificate of Incorporation which has been filed with the N.J. Secretary of State. Foreign Corporations must submit a copy of their Authorization to do business in New Jersey as a Foreign Corporation in addition to a copy of their corporate papers.

12. The applicant certifies all information contained herein is true and agrees any untruthful representation and any violation of the applicable statutes and regulations promulgated by the Commission shall be reasonable and proper grounds for license suspension or revocation. He further agrees to notify the Commission immediately of any change in the status of the business or of any other information which would change the answers and statements in this application or supplement thereto.

13. The individual(s) signing this application certify that they have read the applicable statutes and are thoroughly familiar with the details and penalties provided.

I, the undersigned, hereby certify that I am \_\_\_\_\_ of the above business \_\_\_\_\_

Owner, Partner, Officer

and that the information I have submitted is true to the best of my knowledge.

\_\_\_\_\_  
Signature and Title of Applicant

I, the undersigned, hereby certify that I am Secretary of the above Corporation and have witnessed the signature of \_\_\_\_\_

who is \_\_\_\_\_ of said corporation.

President, Vice-President

\_\_\_\_\_  
Signature of Secretary

**APPROVAL CERTIFICATE**

I, \_\_\_\_\_ Clerk of the Municipality of \_\_\_\_\_ County of \_\_\_\_\_

(Print Name)

State of New Jersey, hereby certify that the business checked below is an approved use or that the Municipal Governing Body or Zoning Commission has approved the location, establishment and maintenance of the

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Leasing Company             | <input type="checkbox"/> Fleet DEIC                      | <input type="checkbox"/> Used Motor Vehicle Dealer |
| <input type="checkbox"/> Driving School              | <input type="checkbox"/> New & Used Motor Vehicle Dealer | <input type="checkbox"/> Fleet Inspection Facility |
| <input type="checkbox"/> Moped Dealer                | <input type="checkbox"/> Auto Body Repair Facility       | <input type="checkbox"/> DEIC                      |
| <input type="checkbox"/> Junkyard                    | <input type="checkbox"/> Other _____                     |  |
| <input type="checkbox"/> Private Inspection Facility |  |  |

, located at \_\_\_\_\_

Complete Address

\_\_\_\_\_  
Signature of Municipal or Zoning Board Clerk

\_\_\_\_\_  
Date

**BUSINESS LICENSE SERVICES**  
**SUPPLEMENTARY APPLICATION**

|  |  |           |                                   |   |           |              |                   |
|--|--|-----------|-----------------------------------|---|-----------|--------------|-------------------|
| BUSINESS NAME  |  |           |                                   | BUSINESS PHONE #                                    |           |              |                   |
| 1. FULL NAME INCLUDING MIDDLE NAME AND SUFFIX, IF ANY  |  |           |                                   |   |           |              |                   |
| 2. STREET ADDRESS  |  |           |                                   | CITY  |           | STATE        |                   |
| 3. HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS?   |  |           |                                   |   |           | HOME PHONE # |                   |
| 4. LIST THE CITIES, STATES OR FOREIGN COUNTRIES WHERE YOU LIVED BEFORE AND HOW LONG YOU WERE IN EACH STATE OR COUNTRY.   |  |           |                                   |   |           |              |                   |
| 5. DATE OF BIRTH (MO. DAY, YEAR)   |  |           |                                   | 6. PLACE OF BIRTH: (CITY, STATE OR FOREIGN COUNTRY) |           |              |                   |
| 7. SEX   |  | 8. HEIGHT |                                   |   | 9. WEIGHT |              | 10. COLOR OF EYES |
| 11. SOCIAL SECURITY NUMBER   |  |           | 12. DRIVER LICENSE NUMBER (STATE) |   |           |              |                   |
| 13. HAVE YOU, IN THIS OR ANY OTHER STATE OR COUNTRY EVER BEEN ARRESTED, CHARGED OR CONVICTED OF A CRIME, DISORDERLY PERSONS OFFENSE, VIOLATION OF CONSUMER PROTECTION LAWS OR REGULATIONS?    YES    NO<br><br>IF YES, ATTACH EXPLANATION DESCRIBING NATURE OF OFFENSE, DATE, CITY AND STATE WHERE OFFENSE OCCURRED, IDENTIFY COURT OR ADMINISTRATIVE TRIBUNAL BEFORE THE CASE WAS TRIED, DATE AND SENTENCE. |  |           |                                   |   |           |              |                   |
| 14. I CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHMENTS, IF ANY, IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.<br><br>SIGNATURE: _____ DATE _____  |  |           |                                   |   |           |              |                   |
| 1. FULL NAME INCLUDING MIDDLE NAME AND SUFFIX. IF ANY  |  |           |                                   |   |           |              |                   |
| 2. STREET ADDRESS  |  |           |                                   | CITY  |           | STATE        |                   |
| 3. HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS?   |  |           |                                   |   |           | HOME PHONE # |                   |
| 4. LIST THE CITIES, STATES OR FOREIGN COUNTRIES WHERE YOU LIVED BEFORE AND HOW LONG YOU WERE IN EACH STATE OR COUNTRY.   |  |           |                                   |   |           |              |                   |
| 5. DATE OF BIRTH (MO. DAY, YEAR)   |  |           |                                   | 6. PLACE OF BIRTH: (CITY, STATE OR FOREIGN COUNTRY) |           |              |                   |
| 7. SEX   |  | 8. HEIGHT |                                   |   | 9. WEIGHT |              | 10. COLOR OF EYES |
| 11. SOCIAL SECURITY NUMBER   |  |           | 12. DRIVER LICENSE NUMBER (STATE) |   |           |              |                   |
| 13. HAVE YOU, IN THIS OR ANY OTHER STATE OR COUNTRY EVER BEEN ARRESTED, CHARGED OR CONVICTED OF A CRIME, DISORDERLY PERSONS OFFENSE, VIOLATION OF CONSUMER PROTECTION LAWS OR REGULATIONS?    YES    NO<br><br>IF YES, ATTACH EXPLANATION DESCRIBING NATURE OF OFFENSE, DATE, CITY AND STATE WHERE OFFENSE OCCURRED, IDENTIFY COURT OR ADMINISTRATIVE TRIBUNAL BEFORE THE CASE WAS TRIED, DATE AND SENTENCE. |  |           |                                   |   |           |              |                   |
| 14. I CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHMENTS, IF ANY, IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.<br><br>SIGNATURE: _____ DATE _____  |  |           |                                   |   |           |              |                   |



---

STATE OF NEW JERSEY  
Motor Vehicle Commission  
Business License Services

**CHILD SUPPORT CERTIFICATION FORM**

---

Business Name

---

Applicant's Name (Print)

---

Date of Birth

---

Social Security Number

Under the provisions of N.J.S.A. 2A:17-56.7 et seq. the response to the below listed questions are required. Mis-statement will be just cause to take administrative action including, but not limited to, denial of licensure, immediate revocation or suspension of the license.

1. Do you have a child support obligation? ☐ Yes ☐ No
2. If yes, do the arrearage amounts equal or exceed the amount of child support payable for six months? ☐ Yes ☐ No
3. Are you subject to a child-support warrant? ☐ Yes ☐ No

I certify that the foregoing responses made by me are true and I am aware that the making of false statement may subject me to contempt of court.

---

Signature

---

Date





# Motor Vehicle Commission

Trenton, New Jersey

STATE OF NEW JERSEY  
BUSINESS LICENSE SERVICE BUREAU

## TO ALL MOTOR VEHICLE DIESEL EMISSION CENTERS

The Motor Vehicle Commission has now established a live fingerprint scan process to streamline criminal background checks required as a condition of certification as a licensed Motor Vehicle Diesel Emission Center.

As part of the Business License application process, it is required that all proprietors, partners and corporate officers schedule an appointment with the States fingerprint scan vendor **SAGEM MORPHO, INC.**

All you need do is call this toll free number **1-877-503-5981 (English or Spanish Operators) or TTY-1-800-673-0353 (HEARING IMPAIRED Modem Required)** to arrange an appointment to be scanned at an established site. **When scheduling your appointment, you will be asked to provide certain personal information including your driver's license and social security number.** Please make sure you have this information available when scheduling your appointment. In addition, you will be asked to provide the following Motor Vehicle identification numbers:

|   |   |
|---|---|
| <b>ORIGINATING AGENCY REFERRAL NUMBER (ORI)</b> | <b>NJ920530Z</b>                                    |
| <b>AGENCY CASE NUMBER</b>                       | <b>(Your Driver License Number)</b>                 |
| <b>CATEGORY</b>                                 | <b>MVS</b>  |
| <b>DOCUMENT TYPE</b>                            | <b>RS1</b>  |
| <b>STATUTE</b>                                  | <b>39:8-69 DIESEL INSPECTION FACILITY LICENSING</b> |

Please complete the applicant information form contained on the back of this letter. Though certain information is already filled in, you will need to supply certain personal information in blocks 1 through 18 as well as your driver's license number in block 22 which will be used as your agency case number. Please have this form filled in and present it when you appear for your appointment along with the proper photo identification as noted on the back of this letter.

After supplying this information you will be scheduled for an appointment at one of the electronic scan sites. You will be required to pay a one-time fee in the amount of **\$54.00** incorporating all required background checks. Payment must be made by certified check or money order made out to the name of the State contractor **SAGEM MORPHO INC.** **AT THE TIME OF SCANNING YOU WILL RECEIVE A RECEIPT FROM THE STATE'S VENDOR. PLEASE SUBMIT THIS RECEIPT OR A COPY THEREOF AS PART OF YOUR BUSINESS LICENSE APPLICATION PACKAGE.**

If you have any questions concerning this procedure, please contact the following area:

**NEW JERSEY MOTOR VEHICLE COMMISSION  
BUSINESS LICENSE SERVICE BUREAU  
DIESEL EMISSION CENTER LICENSING SECTION  
609-777-1694**

**PLEASE BRING THIS LETTER AND PHOTO IDENTIFICATION WITH YOU WHEN YOU APPEAR TO BE FINGERPRINTED**

**Applicant Information – READ THIS FORM CAREFULLY AND FOLLOW ALL INSTRUCTIONS TO COMPLETE THE FINGERPRINT PROCESS. YOU MUST PRESENT THIS FORM TO BE FINGERPRINTED. NO EXCEPTIONS ALLOWED. VARIATIONS OF THIS FORM WILL NOT BE ACCEPTED. UPON COMPLETION OF THE FINGERPRINTING PROCESS, A PCN NUMBER WILL BE RECORDED IN THE DESIGNATED BOX AND THIS FORM WILL SERVE AS CONFIRMATION OF FINGERPRINTING. VALID PHOTO IDENTIFICATION MUST BE PRESENTED AT THE TIME OF FINGERPRINTING AND MUST HAVE A VALID EXPIRATION DATE. EXPIRED NEW JERSEY PHOTO DRIVER LICENSE WILL BE ACCEPTED IN COMBINATION WITH CURRENT NON-PHOTO LICENSE. NO OTHER EXPIRED IDENTIFICATION WILL BE ACCEPTED. SEE BOX 26 FOR ID REQUIREMENTS.**

For applicants who must pay their own fingerprinting fees, payment will be required at the time of scheduling for certified check, credit card and money order payments. Your account will be charged at the time you schedule. A fee of \$14 is charged to cover the cost of a scheduled appointment for applicants who do not cancel by noon on the business day prior to your scheduled appointment (Saturday noon for Monday appointments). The \$14 fee also applies to applicants who are turned away from the printing sites due to their inability to present proper ID as defined below (26), or who fail to present Universal Fingerprint Form NJAPS1 V 1.7 provided to you by your agency and required for printing (this form). State and Federal search fees will be refunded. State agencies are notified of no shows.

Appointment scheduling is available via the web at [www.bioapplicant.com/nj](http://www.bioapplicant.com/nj) 24 hours per day, 7 days per week. For applicants who do not have web access, appointments are available through the toll free call center at (877) 503-5981 on a first call, first served basis Monday through Friday, 8:00 AM to 5:00 AM and Saturday 8:00 AM to 12 noon. Hearing impaired scheduling is available at (800) 673-0353. English and Spanish operators are available through the Call Center.

Payment by money order at the site will be accepted for applicants scheduling via the call center only. Money order payment must be indicated at the time of scheduling. No other form of payment will be accepted at the fingerprinting site.

Your applicant ID number, date, time of appointment and payment confirmation will be confirmed by the call center. You must record this information in the appropriate blocks to the right while speaking with the operator. Your PCN number will be recorded when your fingerprinting has been completed. Retain this form as proof of fingerprinting. No receipts will be provided after the date of printing.

|                          |                      |
|--------------------------|----------------------|
| Date/Time of Appointment | Applicant Id Number  |
| PNC                      | Payment Confirmation |

|  |  |  |   |                   |   |
|--|--|--|---|-------------------|---|
| (1) First Name   |  | (2) Middle Initial   |   | (3) Last Name     |   |
| (4) Daytime Telephone Number   |  | (5) Social Security Number                                     |   | (6) Date of Birth | (7) Height  |
|  |  |  |   |                   | (8) Weight  |
| (9) Maiden Name (if married female)  |  |  | (10) Place of Birth (State for US Citizens - Country for all others)  |                   | (11) Country of Citizenship   |
| (12) Home Address  |  |  |   |                   |   |
| Address  |  | City   |   | State             | Zip   |
| (13) Gender (select one)<br>Male    Female    Both   |  | (14) Hair Color<br>(indicate most predominant color, one only) |   | (15) Eye Color    | (16) Race (select one)<br>A Asian/Pacific Islander (Includes Asian Indian)<br>B Black<br>I American Indian/Alaska Native<br>W White (Includes Hispanic/Spanish origin)<br>U Unknown |
| (17) Occupation  |  |  | (18) Employer Name and Address  |                   |   |
| NOTE: Items 19-25 to be completed by employer or agency.   |  |  |   |                   |   |
| (19) Statute Number  |  |  | (20) Reason for Fingerprinting  |                   |   |
| (21) Originating Agency Number (ORI#)  |  |  | (22) Contributor's Case Number (Agency Unique Identifier) DL#   |                   |   |
| (23) Category  |  |  | (24) Document Type  |                   |   |
| (26) ACCEPTABLE ID: ID MUST BE ISSUED BY FEDERAL, STATE, COUNTY OR MUNICIPAL ENTITY FOR IDENTIFICATION PURPOSES AND MUST INCLUDE PHOTO, NAME, ADDRESS (HOME/EMPLOYER) AND DATE OF BIRTH. EXAMPLES OF ACCEPTABLE IDENTIFICATION INCLUDE 1) PHOTO DRIVER'S LICENSE OR PHOTO ID ISSUED BY ANY STATE DMV OR NJMVC, 2) PASSPORT OR IMMIGRATION ID 3) FEDERAL, STATE, COUNTY OR MUNICIPAL EMPLOYMENT ID. |  |  | (25) Payment Information<br><br><div> <div> <div>Visa</div> <div>Master Card</div> <div>Money Order</div> <div>Certified Check</div> </div> <div>\$54.00</div> </div> |                   |   |



# New Jersey Motor Vehicle Commission

Office of Regulatory Affairs  
Business License Services  
P.O. Box 171  
Trenton, New Jersey 08666-0171

## BUSINESS HOURS

Name of Business \_\_\_\_\_ License No. \_\_\_\_\_

Address \_\_\_\_\_

### Days Open for Business

### Business Hours

|           |      |    |
|-----------|------|----|
| Monday    | From | To |
| Tuesday   | From | To |
| Wednesday | From | To |
| Thursday  | From | To |
| Friday    | From | To |
| Saturday  | From | To |

Signature of Proprietor, partner or officer \_\_\_\_\_

Date \_\_\_\_\_



# NEW JERSEY MOTOR VEHICLE COMMISSION

---

## CERTIFICATION

This is to certify that I understand the license for which I am making an application may be issued prior to the standard investigation, to include character investigation and facility compliance.

It is, therefore, understood that should any derogatory or disqualifying information be received subsequent to the issuance of the license, I will immediately and voluntarily surrender all items issued.

Signed: \_\_\_\_\_

Proprietor, Partner or  
Corporate Officer

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Date



STATE OF NEW JERSEY

## Business Name

License #

[illegible]

|                         |
|-------------------------|
| Licensee's Name & Title |
|-------------------------|

Date \_\_\_\_\_

MVC Investigator's Signature &amp; ID#

Date \_\_\_\_\_

DMC Supervisor's Signature & ID#

Date \_\_\_\_\_

BLC-77 (R7/03)

DEIC  
TABLE "A" RATE CHART  
(Please Print or Type)

HOURLY RATE \$ \_\_\_\_\_ INSPECTION FEE \$ \_\_\_\_\_

FACILITY NAME: \_\_\_\_\_ LIC: NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

Street City State Zip Code

REINSPECTION CHARGE FOR VEHICLES NOT REPAIRED HERE

| <u>CHECK</u>               | <u>TIME REQUIRED</u> | <u>OUR CHARGE</u> |
|----------------------------|----------------------|-------------------|
| Credentials                | .1 Hour*             | _____             |
| Emission Control Apparatus | .2 Hours             | _____             |
| Governor                   | .2 Hours             | _____             |
| Exhaust System             | .2 Hours             | _____             |
| Emission Control System    | .2 Hours             | _____             |
| Engine Emissions (Opacity) | .2 Hours             | _____             |

NOTE\* If this is the only item to be reinspected on a vehicle, the reinspection shall be considered to be .2 hours

\_\_\_\_\_

Sale Tax cannot be charged for the above items.

COMPLETE THIS FORM WITH YOUR CHARGES AND MAIL TO:

MOTOR VEHICLE COMMISSION  
BUSINESS LICENSE SERVICES  
P.O. BOX 170  
TRENTON, NEW JERSEY 08666-0170



## State of New Jersey

James E. McGreevey  
*Governor*

Department of Environmental Protection  
Bureau of Motor Vehicle Inspection and Maintenance  
P.O. Box 437 – 380 Scotch Road  
Trenton, NJ 08625  
609-530-4035, 609-530-5342 (fax)

Bradley M. Campbell  
*Commissioner*

January 13, 2003

To: Robert H. Wager Co., Inc.  
570 Montroyal Road  
Rural Hall, NC 27045  
Mike Wager

RE: Smokemeter approval process pursuant to N.J.A.C. 7:27B-4.15;  
Approval or the Wager 7500

The Department has completed its evaluation of the Wager 7500 smokemeter, which was submitted into the referenced process for approval pursuant to N.J.A.C. 7:27B-4.15. The Department hereby approves the use of 'this smokemeter and all units prepared in a like manner, for use in official inspections by a Diesel Emissions Inspection Center licensed by the 'Director of the Division of Motor Vehicles pursuant to N.J.A.C. 13:20-47. It is incumbent upon the Robert H. Wager Co., Inc., to ensure that all units supplied for this purpose meet all of the referenced specifications including software formatting consistent with the unit submitted to the Department except as listed below, and that such units are capable of measuring engine RPMs and oil temperature as set forth in N.J.A.C. 7:27B-4.15.

The Robert H. Wager Co., Inc. has agreed to the following conditions:

- 1- Robert H. Wager Co., Inc., will provide the approved software version for, and recalibrate the Data Collection Units of all Model 7500 units sold in New Jersey prior to the official date of approval. A customer list and notice of the date that the recalibrated units have been returned to the customer will be provided to the Department.
- 2- The software version as approved will be designated "Version 4.0 NJ".
- 3- A copy of any updated software, or an example of any modified hardware, will be provided to the Department for evaluation of regulatory compliance prior to general release.



## State of New Jersey

James E. McGreevey  
*Governor*

Department of Environmental Protection  
Bureau of Motor Vehicle Inspection and Maintenance  
P.O. Box 437 – 380 Scotch Road  
Trenton, NJ 08625  
609-530-4035, 609-530-5342 (fax)

Bradley M. Campbell  
*Commissioner*

On this day, January 13, 2003, the smokemeters listed below have been approved for use by a Diesel Emissions Inspection Center, licensed by the Director of the Division of Motor Vehicles, for the purpose of official testing pursuant to the procedures set forth at N.J.A.C. 7:27B-4.

| Make and Model  | Conditions and Options   | Manufacturer Information  |
|---|--|---|
| Berkeley Model 300  | -New Jersey software and printing format<br>-Engine RPM measurement<br>-Engine oil temperature measurement | Telonic Berkeley, Inc.<br>P.O. Box 277<br>2825 Laguna Canyon Road<br>Laguna Beach, CA 92652<br>1-800-854-2436         |
| Bosch RTT 100   | -New Jersey software and printing format<br>-Engine RPM measurement<br>-Engine oil temperature measurement | Robert Bosch Corporation<br>Dept. UA/ASW<br>2800 South 25 <sup>th</sup> Avenue<br>Broadview, IL 60153<br>708-865-5374 |
| CalTest 1000  | -New Jersey software and printing format<br>-Engine RPM measurement<br>-Engine oil temperature measurement | CalTest Instruments, Inc.<br>126 Marine Avenue<br>Wilmington, CA 90744<br>310-835-5377                                |
| OTC 3405S<br>(CalTest 1000 submitted as<br>OTC 3405S)                           | -New Jersey software and printing format<br>-Engine RPM measurement<br>-Engine oil temperature measurement | OTC-SPX Corporation<br>655 Eisenhower Drive<br>PO Box 995<br>Owatonna, MN 55060-0995<br>Marc Rosone; 507-455-7000     |
| Wager Model 6700,<br>and Model 7500*<br><br>*PC based, fully software<br>driven | -New Jersey software and printing format<br>-Engine RPM measurement<br>-Engine oil temperature measurement | Robert H. Wager Co., Inc.<br>570 Montroyal Road<br>Rural Hall, NC 27045<br>Mike Wager; 800-562-7024                   |
| Red Mountain Engineering<br>Smoke Check 1667                                    | -New Jersey software and printing format<br>-Engine RPM measurement<br>-Engine oil temperature measurement | Red Mountain Engineering, Inc.<br>25 Spectrum Pointe Drive<br>Lake Forest, CA 92630<br>Diane Cooke; 949-595-4475      |

### NOTICE:

1. This list will be continuously updated as qualifying smokemeters are approved. To obtain a current list of approved smokemeters, please send a written request to the New Jersey Department of Environmental Protection- Bureau of Transportation Control at P.O. Box 437, Trenton, NJ 08625
2. Inclusion of a smokemeter on the above list, or, approval of a smokemeter by the New Jersey Department of Environmental Protection (NJDEP), means only that the smokemeter has been determined by NJDEP to conform to the specifications set forth at N.J.A.C. 7:27B-4.15- Specifications for a Smokemeter for Determining Compliance with N.J.A.C. 7:27-14.